Vermont Department of Health

INSTRUCTIONS FOR THE REGISTRATION OF X-RAY EQUIPMENT & SOURCES OF IONIZING RADIATION

- Please complete all applicable sections of the "Registration or Sources of Ionizing Radiation" form.
- Enter the number of x-ray tubes of each type in the appropriate box.

RETURN TO:

Vermont Department of Health PO Box 70 Burlington, VT 05402-0070

*****THERE IS NO REGISTRATION FEE*****

In general you must register <u>ALL</u> x-ray equipment, including portable x-ray equipment and **ANY RADIOACTIVE MATERIALS NOT LICENSED BY THE U.S. NUCLEAR REGULATORY COMMISSION**, such as accelerator produced Cobalt 57 in flood sources or Radium.

If you do not have equipment/material to register, <u>PLEASE INDICATE IN THE UPPER LEFT BOX AND RETURN</u> <u>THE FORM</u>. If we do not hear from you, we assume you possess equipment or sources to be registered, and will contact you to arrange for an evaluation.

Members of group practices, who share ownership of x-ray equipment, should note the group practice arrangement and return all registration forms together.

If you would like to request a radiation survey, please contact our office at 802-865-7730.

VERMONT STATE HEALTH DEPARTMENT PART 5 CHAPTER 3 RADIOLOGICAL HEALTH

Section 5-310. Registration.

- (a) The owner or person having possession of any source of ionizing radiation except those exempted in Section 5-304, or licensed by the U.S. Nuclear Regulatory Commission, shall register each source with the Occupational Health Division, Vermont State Department of Health, within 90 days following the effective date of this regulation and shall register each new source within 30 days after the acquisition of such source. Registration shall be on forms provided by the Division.
- (b) The registrant shall notify the Division within 30 days after any change in address.
- (c) The owner or person having possession of any source of ionizing radiation not exempted in Section 5-304 shall re-register such source every 3 years upon notification by the Director of the Occupational Health Division.
- (d) No person, in any advertisement, shall refer to the fact that a source is registered with the Division and no person shall state or imply that any activity under such registration have been approved by the Division.

IF YOU DO NOT HAVE ANY MACHINES OR SOURCES CHECK HERE, FILL OUT FACILITY SECTION ONLY AND RETURN.

STATE OF VERMONT Agency of Human Services Department of Health **RETURN WHITE COPY TO:**

TYPE OF FACILITY (check all that apply)

RADIOLOGICAL HEALTH 108 CHERRY STREET P.O. BOX 70 BURLINGTON, VT 05402

FACILITY:

REGISTRATION OF SOURCES OF IONIZING RADIATION

Facility Name:			Date:			□ Dental □ Medical		□ Hospital □ Industrial	
Facility Address: City/Town/Zip Code:			Telephone:			☐ Chiropractic ☐ Veterinary ☐ Podiatry		☐ Educational ☐ Mobile Testing Service ☐ Other	
Registrant: (Owner(s)/Participant(s)/Corp.)		Sign		IS EQUIPMENT SHARED? IF SO, WITH WHOM?		□ NO	□ YES		
				X-RAY EQ	QUIPMEN	T			
Medical/Chiropracti	0		Dental		Industrial		Educational/Research		
Type # Tubes		Type # Tubes			Type #		Type	# Tubes	
COMB Radiographic/Fluoroscopic			Intraoral		Padio		1	X-Ray Diffraction	
Radiographic			Cephalometric		Radiographic Fluoroscopic		1	Gauging	
Fluoroscopic			Panoramic		Gauging			Radiographic/Fluoroscopic	
Therapy			1 midding			X-Ray Diffraction		Spectrometer/Fluorometer	
Computerized Tomography					Accele			Cathode Ray Demonstratio	n
Mobile						Fluorescence		Hi-Voltage/Vacuum	
Bone Densitometry			Radiographic			Other		Ion-Implant	
Mammographic			Portable		Other			Other	
<u> </u>		,					<u> </u>		
RADIOACTIVE MATERIALS NOT LICENSED BY U.S. NUCLEAR REGULATORY COMMISSION: (Radium, Accelerator Produced Material e.g. ⁵⁷ Co, ¹³³ Ba)						REGISTRANT'S COMMENTS: (e.g. equipment inoperative, in storage)			
(Tadiani, Tievererator Troduc		ur v .g.	o, <i>Bu</i>)						
Radionuclide # So		ces	Activity/Source	Total Ac	Total Activity				